

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/571,511-Conf. #8941
	Filing Date	January 8, 2007
	First Named Inventor	Toshio DOI
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	3749-0124PUS1

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 02292 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 02292**OR** Firm or Individual Name

Address			
City			
Country	State	Zip	
Telephone	Email		

I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Printed Name	Go ICHIEN Hubit Genomix, Inc.		
Date	April 11, 2008	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 2 forms are submitted.